FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4635

Registration District No. 859 Primary Registration District No. 6128 Registrar's No. 2

1. PLACE OF DEATH:

(a) County Tanney

(b) ~~City or town~~ Branson Mo

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓ 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: ~~In hospital or~~ institution ✓ (Specify whether

In this community two months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Keokuk E.

(c) City or town What Cheer 1

(If outside city or town limits, write "RURAL")

(d) Street No. none 0

(If rural, give location)

(e) If foreign born, how long in U. S. A.? all his life in usa years.

3. (a) PRINT FULL NAME JOHN CALHOUN SLAWTER

3. (b) If veteran, name war World War

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife none

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased July (Month) 5 (Day) 1894 (Year)

8. AGE: Years 46 Months 6 Days 6 If less than one day ___ hr. ___ min.

9. Birthplace Iowa (City, town, or county) / (State or foreign country)

10. Usual occupation none

11. Industry or business World War Veteran

FATHER
12. Name John Calhoun Slawter Sr.
13. Birthplace Iowa (City, town, or county) USA / (State or foreign country)

MOTHER
14. Maiden name Mattie Rades
15. Birthplace in Iowa / U.S.A. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature

(b) Address Mart Slawter, Branson Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 12 41 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery What Cheer IOWA

18. (a) Signature of funeral director Minnie L. Whitehel

(b) Address Branson Missouri

19. (a) 1-12-1941 (Date received local registrar) (b) John H Baxter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11 year 1941 hour 6 o'clock minute P. M.

21. I hereby certify that I attended the deceased from January 11th, 1941, to Jan 11th, 1941; that I last saw him alive on Jan 11th, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Strangulation	instant
Due to Hanging	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

164a

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence January 11th 1941

(c) Where did injury occur? Branson, Tanney, Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Old city jail (Specify type of place)

While at work? (e) Means of injury

23. Signature Harry T. Evans (M. D. or other) M.D.

Address Branson, Mo. Date signed 1/12/41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Minnie L. Whelchel

Licensed Embalmer No. 2277

P. O. Address Branson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.